

PLEASE COMPLETE AND CORRECT ANY PRE-ENTERED INFORMATION

NAME IN FULL (First, Middle, Last Name):

DATE & PLACE OF BIRTH: _____

U.S. PASSPORT NUMBER: _____

SOCIAL SECURITY NUMBER: _____

U.S. ADDRESS (IF ANY, IF NOT PLEASE ENTER 'NONE'):

ADDRESS IN THE NETHERLANDS: _____

DATE OF DEATH: _____

COMPLETE ADDRESS WHERE DEATH OCCURRED:

(Hospital/Hotel, Street, number, postcode, city)

DISPOSITION OF REMAINS (Please indicate):

DATE (Month-Day-Year): _____ /__ / **BURIAL** /__ / **CREMATION**

NAME/ADDRESS

PLACE OF CEMETERY/CREMATORIUM: _____

NAME AND ADDRESS OF NEXT OF KIN: _____

_____ **PHONE:** _____

PERSONAL EFFECTS DISPOSED BY: (NAME AND PHONE NUMBER):

THE DECEASED WAS TRAVELING/RESIDING ABROAD WITH:
(Please provide name & address)

NAME AND ADDRESS TO WHOM COPIES OF THIS REPORT SHOULD BE SENT:

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

/___/ The deceased's U.S. passport

/___/ Statement from physician indicating the cause of death (example enclosed)

/___/ Dutch Death Certificate (from the city (gemeente) where death occurred)

/___/ International Death Certificate (from the city (gemeente) where death occurred)

/___/ Other _____

DATE: _____